



**Healthy Families & Pre-Existing Condition Insurance Plan
EE/CAA Registration**

EE# _____ EE Name _____
625 Coolidge Drive, Suite 100, Folsom, California 95630
Attention: EE/CAA Liaison Department
E-Mail: ee-caaLiaison@maximus.com
Fax: (916) 673-4500 Phone: (800) 279-5012

SUB-SITE REGISTRATION FORM

(Please complete this registration form for **all** sites that will be linked to this EE).

Sub-Site #1 Identify the primary contact for calls from applicants seeking local assistance.

29. Contact Name _____ Title _____

30. Service Location Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number (____) _____ Fax Number (____) _____

31. This site will provide assistance in the following languages:

_____ Armenian	_____ Farsi	_____ Russian
_____ Cambodian	_____ Hmong	_____ Spanish
_____ Chinese (Cantonese)	_____ Korean	_____ Vietnamese
_____ English	_____ Laotian	_____ Other _____

32. This location will accept referrals during the hours of: (Check all that apply)

☐ 8:00 a.m. – 5:00 p.m. M-F ☐ After 5:00 p.m. M-F ☐ Other Hours: _____
☐ Saturday Hours: _____ ☐ Sunday Hours: _____ ☐ Available By Appointment

Sub-Site #2 Identify the primary contact for calls from applicants seeking local assistance.

Contact Name _____ Title _____

Service Location Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number (____) _____ Fax Number (____) _____

This site will provide assistance in the following languages:

_____ Armenian	_____ Farsi	_____ Russian
_____ Cambodian	_____ Hmong	_____ Spanish
_____ Chinese (Cantonese)	_____ Korean	_____ Vietnamese
_____ English	_____ Laotian	_____ Other _____

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